

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

ENFORCEMENT & COMPLIANCE ADMINISTRATION

OFFICE OF VACANT PROPERTY

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VACANT PROPERTY SURVEY

STREET #	STREET NAME	STREET TYPE	QUADRANT	APT/UNIT
WARD	SQUARE, SUFFIX, LOT			
CANNOT IDENTIFY ADDRESS <input type="checkbox"/>	APPROXIMATE LOCATION: BETWEEN STREETS _____ AND _____			MAJOR LANDMARK _____
PROPERTY STATUS	STRUCTURE CONDITION	MATERIAL	STRUCTURE USE	VERIFICATION METHOD (check all that apply)
<input type="checkbox"/> VACANT <input type="checkbox"/> VACANT LOT <input type="checkbox"/> NO SUCH ADDRESS EXIST <input type="checkbox"/> OCCUPIED	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> BRICK <input type="checkbox"/> SIDING <input type="checkbox"/> WOOD/FRAME <input type="checkbox"/> OTHER <hr/> USE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MIXED	<input type="checkbox"/> APARTMENT <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> STORE <input type="checkbox"/> ROOMING HOUSE <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> CHURCH <input type="checkbox"/> GARAGE <input type="checkbox"/> SHED <input type="checkbox"/> OTHER	<input type="checkbox"/> ACCUMULATED MAIL <input type="checkbox"/> NEIGHBOR VERIFIED/COMPLAINT <input type="checkbox"/> NO WINDOW COVERING <input type="checkbox"/> NO FURNITURE OBSERVABLE <input type="checkbox"/> DEFERRED MAINTENANCE (LOOSE GUTTERS, PAINT CHIPPING, ETC)
VERIFICATION METHOD (check all that apply) <input type="checkbox"/> PHOTOGRAPH <input type="checkbox"/> KNOCKED <input type="checkbox"/> UTILITIES <input type="checkbox"/> BOARDED UP <input type="checkbox"/> OTHER _____				
VISIBLE VIOLATIONS (check all that apply) EXCESSIVE VEGETATIVE GROWTH <input type="checkbox"/> TRASH AND DEBRIS <input type="checkbox"/> GRAFFITI <input type="checkbox"/> OPEN AND ACCESSIBLE <input type="checkbox"/>				
COMMENTS: _____ _____ _____ _____				
INSPECTOR NAME	BADGE #	DATE	TIME	SVP #